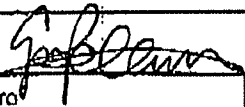


PTO/SB/02LR (07-07)

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**DECLARATION Supplemental Sheet.**  
**For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**Enter Deceased or Incapacitated Inventor's Name Tor H. PettersonPage 1 of 1

<b>Name of Legal Representative:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Grace C.		Petterson	
Legal Representative's Signature 		Date <u>3/4/11</u>	
Residence: City	San Pedro	State	CA
Country	US	Citizenship	US
Mailing Address 1294 West 6th Street			
Mailing Address Suite 102			
City	San Pedro	State	CA
Zip	90731	Country	US
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.